



LOUISIANA WORKS

DEPARTMENT OF LABOR

OFFICE OF OCCUPATIONAL INFORMATION SERVICES
RESEARCH AND STATISTICS DIVISION
SCORECARD UNIT
P. O. BOX 94094
BATON ROUGE, LOUISIANA 70804-9094

FAX (225) 219-7759

WIA STUDENT DATA CERTIFICATION STATEMENT

(Student data will not be processed prior to receipt of this statement by the Louisiana Department of Labor.)

By submitting this file of student data to the Louisiana Department of Labor, I hereby certify that all information provided is true and correct to the best of my knowledge. I understand that this data will be used solely for the determination of eligibility for WIA funding and for the state Scorecard. I further understand that there are administrative penalties for submitting false or inaccurate information [reference Workforce Investment Act of 1998, Title 1, Chapter 3, Section 122 (f)].

This data is being submitted on behalf of _____,
Name of Institution

for the academic year(s): June 1, 200__ through May 31, 200__, ☐ Enrollees

☐ Graduates

June 1, 200__ through May 31, 200__, ☐ Enrollees

☐ Graduates

***Certified By:**

Printed Name

Signature

Title

Date

***CERTIFICATION MUST BE SIGNED BY AN AUTHORITY WITH THE NAMED INSTITUTION, SUCH AS THE CEO, PRESIDENT, OWNER, DIRECTOR OF ADMISSIONS, ETC.**